## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10 590099

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |   |   |  |                  |                     | SMALL ENTITY TYPE                     |                        | OR        | OTHER THAN R SMALL ENTITY |                        |
|---|--|---|---|---|--|------------------|---------------------|---------------------------------------|------------------------|-----------|---------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |   | , = = = = = = = = = = = = = = = = = = = |  |                  |                     | RATE                                  | FEE                    |           | RATE                      | FEE                    |
| BAS   | IC FEE   |   | SMALL ENT.  | = \$ 150                                | LARGE ENT. = \$ 300                    |                  |                     | BASIC FEE                             |                        | OR        | BASIC FEE                 | 340                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Art<br>(4) = \$50 /                   |   | ner situations = 100 / \$ 200          |                  | EXAM. FEE           | · · · · · · · · · · · · · · · · · · · |                        | EXAM. FEE | 200                       |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$1<br>ALL other cour<br>\$ 200 / \$4 | ntries =                                | ALL other situations = \$ 250 / \$ 500 |                  |                     | SEARCH FEE                            |                        |           | SEARCH FEE                | YW                     |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | s 100 =                                 | / 50 =                                 |                  |                     | X·\$ 125 =                            |                        |           | X \$ 250 =                |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 23 minus 20 = *                                     |   |  | 3                |                     | X \$ 25 =                             |                        | OR        | X \$ 50 =                 | 150                    |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *   |   | *                                      | _ 3              |                     | X \$ 100 =                            |                        | OR        | X \$ 200 =                | 600                    |
| MUL   | TIPLE DEPENI                                   | DENT CLAIM PRI                            | ESENT   |   |  |                  |                     | + \$ 180 =                            |                        | OR        | + \$ 360 =                |                        |
| *\lf  | the difference                                 | in column 1 is                            | less than zero,                                     | ess than zero, enter "0" in o           |  |                  |                     | TOTAL                                 | ·                      | OR        | TOTAL                     |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |   |   |  |                  |                     | SMALL E                               | ENTITY                 | OR        | OTHER<br>SMALL E          |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIC<br>PAID I       | BER<br>BUSLY                           | PRESENT<br>EXTRA |                     | RATE                                  | ADDI-<br>TIONAL<br>FEE |           | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus   | **                                      |  | =                |                     | X \$ 25 =                             |                        | OR        | X \$ 50 =                 |                        |
|   | Independent                                    | *   | Minus   | ***                                     |  | =                |                     | X \$ 100 =                            |                        | OR        | X \$ 200 =                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT C     |   |   |   |  |                  |                     | + \$ 180 =                            |                        | OR        | + \$ 360 =                |                        |
|   | •  |   |   | TOTAL ADDIT.                            |  | OR               | TOTAL ADDIT.<br>FEE |                                       |                        |           |                           |                        |
|   |  | (Column 1)                                |   | (Colum                                  | an 2)                                  | (Column 3)       |                     |                                       |                        |           |                           |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I       | EST<br>BER<br>USLY                     | PRESENT<br>EXTRA |                     | RATE                                  | ADDI-<br>TIONAL<br>FEE |           | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus .   | **                                      |  | =                | П                   | X \$ 25 =                             |                        | OR        | X \$ 50 =                 |                        |
|   | Independent                                    | *   | Minus   | ***                                     |  | =                |                     | X \$ 100 =                            |                        | OR        | X \$ 200 =                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |   |  |                  |                     | + \$ 180 =                            |                        | OŖ        | + \$ 360 =                | *                      |
|   |  |   |   |   |  |                  |                     | TOTAL ADDIT.<br>FEE                   |                        | OR        | TOTAL ADDIT.<br>FEE       |                        |
| <ul> <li>If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".</li> <li>If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".</li> </ul> |  |   |   |   |  |                  |                     |                                       |                        |           |                           |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.